

Guidelines for Reducing Perinatal HIV Infection – Shifting the Balance

February 13, 2002

3rd National Meeting

Perinatal HIV Prevention Grantees

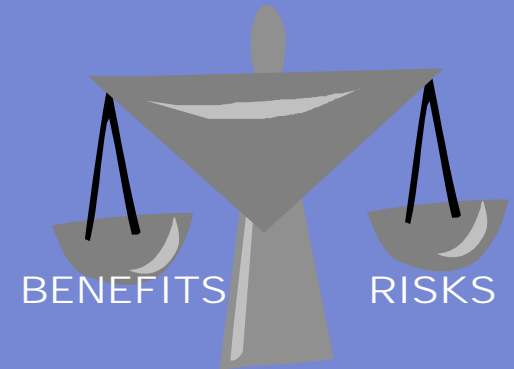
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Balance Shifting –

Benefits vs Risks of Perinatal Testing



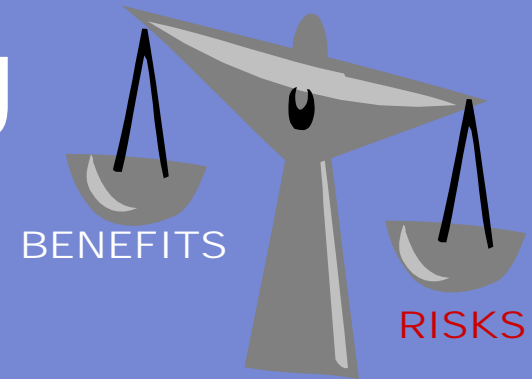
- Guidelines for preventing MTC transmission of HIV now in 3rd edition
- Benefits versus risks of screening pregnant women for HIV have shifted over years



CDC/USPHS Guidelines for Perinatal Testing

First edition, 1985

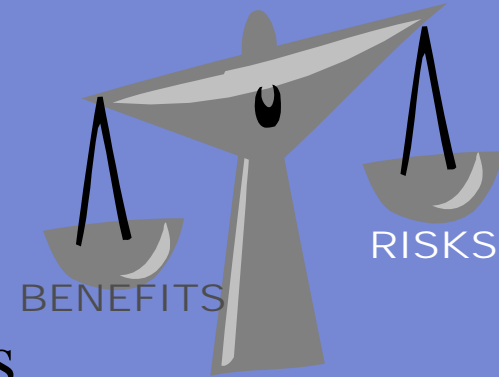
- Benefits of testing were limited
- Little known about MTC transmission
- Growing discrimination of PWAs
- 1985 recommendation –
Postpone pregnancy until more is known. Consider reproductive options.



CDC/USPHS Guidelines for Perinatal Testing

Second edition, 1995

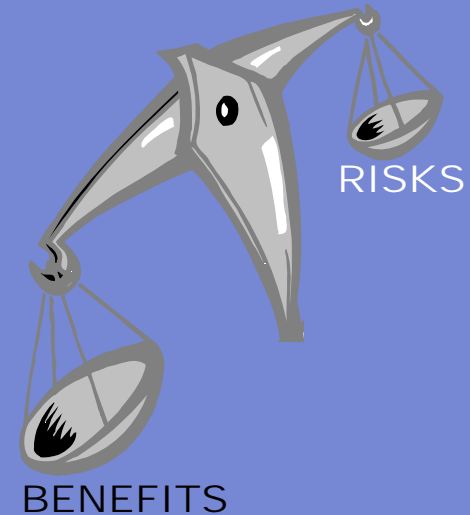
- Benefits increase with AZT success in reducing MTC transmission of HIV, and as stigma is mitigated
- 1995 recommendation – *universal counseling and voluntary testing*
- Implementation results in dramatic decline in perinatal cases



CDC/USPHS Guidelines for Perinatal Testing

Third edition, 2001

- Benefits continue to increase as combination therapy shown to dramatically improve treatment
- Now mothers can benefit as well as their infants
- Current recommendation – *“All pregnant women in the US be tested for HIV infection ...and that HIV screening should be a routine part of prenatal care for all women.”*



IOM Report, December 1998



- Congress commissioned IOM to
 - Assess impact of current approaches for reducing perinatal HIV transmission
 - Identify barriers to further reductions
 - Determine ways to overcome these barriers
- IOM identified major barrier to be woman's lack of knowledge of HIV status
 - Healthcare provider perceives pre-test counseling too burdensome or not feasible
 - Testing not offered by healthcare provider
- Recommended universal testing, with patient notification, as routine part of prenatal care



Other Scientific Advances Considered

- Evidence that treatment of women during labor and of baby shortly after delivery reduces risk of transmission
- Studies indicate women with non-detectable viral loads rarely transmit to their infants
- New options for rapid testing



Other Lessons Learned



- Evaluation of 2nd edition (1995) guidelines indicated that many pregnant women, especially those using illicit drugs, were not tested for HIV because of lack of prenatal care
- Many women refused HIV testing because their healthcare provider did not strongly recommend testing
- Other women declined testing and some providers did not offer testing because of perceived low risk



New Features in 2001 Guidelines

- Emphasizes HIV testing for *all* pregnant women as a routine part of prenatal care
- Recommends simplified testing process so that pretest counseling is not a barrier
- Allows flexibility in the consent process
- Recommends that healthcare providers explore and address reasons why women refuse testing
- Emphasizes testing and treatment at labor/delivery for women who have not received prenatal testing and chemoprophylaxis



Many Concepts Remain Unchanged

- Testing continues to be voluntary: woman's right to refuse if she believes it's not in her best interest
- Guidelines are primarily intended for healthcare providers
- Do not address other concerns related to perinatal transmission such as lack of prenatal care
- Apply only to the United States
- Continue to recommend against breastfeeding for HIV-infected mothers
- Continue to support HIV prevention through health education during prenatal care and referral to prevention services if needed



Summary of the 2001 Guidelines



- Offers 27 recommendations in 5 areas
 - Screening for HIV in pregnant women
 - Education and prevention counseling
 - Interpretation of test results
 - Recommendations for HIV-infected women
 - Recommendations for postpartum follow-up of infected women and perinatally exposed children



Highlights of the 2001 Recommendations

- Recommends HIV testing for **all** pregnant women, respecting the right of women to refuse
- Healthcare providers should provide information (minimum amount established in Guidelines) as part of informed consent for testing
- Providers should address issues with women who refuse testing so they may then accept testing
- Recommends that routine universal retesting in third trimester be considered at healthcare facilities with high seroprevalence of HIV



Highlights of 2001 Recommendations



- Discusses use of rapid testing methods to assess laboring women with unknown HIV status
- Recommends education and prevention counseling during routine prenatal care
- Recommends referral for specialty care if provider is not experienced in care of pregnant HIV-infected women
- Encourages providers to follow best obstetric practices, including offering of CS at 38 weeks



Highlights of 2001 Recommendations



- Recommends post test counseling of HIV+ women including
 - Discussion of difficulties sometimes encountered in disclosure
 - Reminder to women of the importance of having a supportive social network
 - Emphasize that discrimination based on HIV status is illegal
- Underscores the importance of follow-up care for HIV+ women and their infants

